UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/167
4 November 1996

ORIGINAL: English

First regular session 1997
13 -17 January 1997, New York
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Djibouti

Proposed UNFPA assistance:	$3 million, $2 million from regular resources and $1 million from multi-bilateral and/or regular resources
Programme period:	Four years (1997-2000)
Cycle of assistance:	First
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	1.0	-	1.0
Population & development strategies	.8	1.0	1.8
Advocacy	.2	-	.2
Total	2.0	1.0	3.0

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DJIBOUTI

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	39.6	≥60
Contraceptive prevalence rate (15-44) (%)[2]	22.0	≥55
Access to basic health services (%)[3]	37.0	≥60
Infant mortality rate (/1000)[4]	115.0	≤50
Maternal mortality rate (/100,000)[5]	842.0	≤100
Gross female enrolment rate at primary level (%)[6]	30.4	≥75
Adult female literacy rate(%)[7]	29.5	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	577,000
Population in year 2000 (000)	645,000
Sex ratio (/100 females)	97.8
Per cent urban	82.9
Age distribution (%)	
Ages 0-14	41.8
Youth (15-24)	19.7
Ages 60+	5.1
Percentage of women aged 15-49	47.2
Median age (years)	18.9
Population density (/sq. km.)	25
Annual population growth rate (%)	2.2
Urban	2.6
Rural	0.5
Crude birth rate (/1000)	37.0
Crude death rate (/1000)	14.8
Net migration rate (/1000)	0.0
Total fertility rate (woman)	5.39
Life expectancy at birth (years)	
Males	48.7
Females	52.0
Both sexes	50.3
GNP per capita (U.S. dollars, 1994)	780

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Djibouti achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $3 million dollars, of which $2 million would be committed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1 million dollars either from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's first country programme in Djibouti.

2. The proposed programme would support the Government's new commitment to population and development issues and would be based on the National Policy Framework for Economic and Social Development for the Decade 1990-2000. The programme was developed in accordance with the findings and recommendations of the programme review and strategy development (PRSD) mission undertaken in April 1996. It has been designed to complement, and is harmonized with, the programmes of UNDP and UNICEF, as well as other donors in the country.

3. The programme aims to strengthen the technical and managerial capacities of national institutions to implement population programmes, with a major focus on reproductive health, including family planning and sexual health, and on population and development strategies. It would work with the Government to expand access to and improve the quality of reproductive health services, particularly in helping to reduce maternal mortality; establish a reliable demographic information system; raise the social and legal status of women and eliminate harmful traditional practices; and create a broad national commitment to population and development issues. In light of its level of achievement in reaching the goals of the International Conference on Population and Development (ICPD), Djibouti has been included in Category "A" under UNFPA's new approach for resource allocation.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Djibouti's population was estimated at 520,000 in 1993, up from 319,000 ,in 1983, representing an average annual increase of 6.1 per cent. A large part of this increase was the result of influxes of displaced persons and refugees fleeing on-going unrest in neighbouring Somalia and Ethiopia. At the present time, the Government estimates that the population is growing at the rate of 3 per cent a year and that the total population has reached 650,000, both of which are significantly higher than United Nations estimates. Clarification of the true demographic situation depends on

carrying out a national census, which UNFPA would support under the proposed programme. The considerable challenge of demographic growth is particularly aggravated by the fact that the population of Djibouti is predominantly urban and young. Poverty, high population density, unemployment, and crowded family living conditions characterize most of the capital city.

6. Djibouti still remains far from reaching ICPD goals with respect to health and education; it has met none of the threshold levels of the indicators related to ICPD goals endorsed in Executive Board decision 96/15. Access to basic health services is, however, improving as the country moves away from a curative to a preventative public health care approach. But the health care network still exhibits inconsistent quality and unequal distribution of services. The maternal mortality rate (840 per 100,000 live births) remains very high, due to very limited pre- and post-natal care, unsafe delivery, and lack of access to family planning services. The impact of unsafe abortion and female genital mutilation on morbidity and mortality appears to be particularly significant, although no statistics are available. The contraceptive prevalence rate is estimated to be very low, due in part to the lack of family planning information and services. Only four family planning centres, established with UNFPA assistance, are functional in Djibouti, all in Djibouti City. The reproductive health situation of refugees in the country is also an important challenge with the maternal mortality rate in the refugee camps estimated in 1994 to be 670 per 100,000 live births.

7. Despite positive gains made by women and girls in Djibouti since Independence, the female illiteracy rate remains very high, at 72.4 per cent, reaching 94 per cent in rural areas. In addition, the lives of women and girls continue to be marked by traditional practices, particularly the widespread practice of female genital mutilation (estimated by WHO at 90 per cent). Several laws have been passed to protect women's rights within the family, and a new penal code containing severe penalties protects women against household violence, rape and female genital mutilation. Since the laws have, as yet, been rarely applied, efforts need to be made to sensitize women and men to the existence of these laws and their enforcement.

8. The National Policy Framework for Economic and Social Development for the Decade 1990-2000 outlines the development objectives of Djibouti and serves as a framework for the establishment of development programmes and projects. Although the country has no population policy and the National Policy Framework does not address the relationship between the demographic situation and socio-economic development, the Framework does contain specific policies and objectives in the areas of education, health and the promotion of women. In addition, a National Family Balance Policy was approved in 1996 for integration into the National Health Policy. The policy calls for universal access to reproductive health information and services.

Previous UNFPA assistance

9. UNFPA has been cooperating with the Government of Djibouti in the field of population and development on a project-by-project basis since 1983. In 1995, the Government requested UNFPA assistance for the formulation of a comprehensive population programme. Based on this request, a PRSD mission was organized in March/April 1996 to review previous UNFPA-supported activities, identify the country's population and development needs, and formulate appropriate strategies.

10. The most notable achievement of UNFPA assistance in Djibouti involved a pilot project in the reproductive health area that began in 1992; it strengthened the Government's maternal and child health programme and introduced family planning under the concept of "family balance". The project -- executed by WHO with periodic technical assistance from the UNFPA Country Support Team in Amman, Jordan -- helped establish the country's first four family planning centres, which are now fully functioning, offering a wide range of family planning services, and run by trained mid-wives. The project was also instrumental in assisting the Government to formulate and approve the National Family Balance Policy in 1996.

11. UNFPA support enabled the Government to undertake the census in 1983 as well as a demographic survey in 1991. However, due to the recent civil war which ended in 1994, the country now suffers from an acute lack of reliable and up-to-date demographic, socio-economic and health data, rendering the task of estimating different socio-demographic indicators virtually impossible. The PRSD mission recommended that UNFPA focus on data collection as a first step in the development of a database on population, necessary for the formulation of a population policy and for all development planning. This database would also serve for monitoring the implementation of the ICPD Programme of Action.

12. Although relatively limited, UNFPA assistance also succeeded in raising awareness on population, reproductive health and gender issues through support to the Government for its various advocacy activities. A pilot activity was launched with the Ministry of Education to integrate family health issues in a radio programme entitled "Youth for Youth", which received a positive response from young people. However, lack of knowledge about population and reproductive health issues persists, and there is a need to sensitize all levels of society on the importance of these issues, particularly to promote the education of girls, women's literacy, male involvement in reproductive health and the abolition of such harmful traditional policies as female genital mutilation.

Other external assistance

13. Djibouti relies heavily on international assistance to support the country's economic and social development programmes. In the field of health, the French Government provides equipment and fellowships for specific medical specializations, particularly in the fight against tuberculosis, as well

as support for women's literacy programmes. Several multilateral agencies, especially UNDP, UNICEF, WHO and UNHCR, support population and health programmes in Djibouti. UNFPA is currently the largest donor in the population sector, and the activities that would be carried out under the proposed programme are ones that are not being supported by any other external assistance agency. Several international NGOs are involved in the areas of preventative health, safe water and improved sanitation. The International Planned Parenthood Federation (IPPF) provides core support to its affiliate, the Djibouti Association for the Protection and Equilibrium of the Family (ADEPF).

Proposed programme

14. The main purpose of the proposed programme is to strengthen the institutional capacity for population programme implementation, to expand access to and improve the quality of reproductive health services, to help establish a reliable demographic information system, to raise the social and legal status of women, and to create awareness and commitment throughout Djiboutian society of the importance of population and development issues.

15. UNFPA would maximize the impact of its programme through the effective use of available resources and close coordination with UNDP, UNICEF and other donors whose programmes are complementary. UNFPA would also promote innovative and participatory approaches, especially in light of the Government's fiscal constraints. Major breakthroughs in improved quality of life will have to rely heavily on community participation and social mobilization. South-South cooperation between Djibouti and other countries in the region would also be promoted as a means of transferring knowledge and increasing the understanding of population and reproductive health issues in Djibouti.

16. Reproductive health. In order to assist the Government in achieving its goals in reproductive health and in reducing maternal mortality, UNFPA would focus its assistance on increasing access to and improving reproductive health information and services, particularly family planning services; improving the quality of those services; and developing appropriate information, education and communication (IEC) strategies.

17. UNFPA would provide technical and financial assistance to expand infrastructure and upgrade the capabilities of the Maternal and Child Health Unit of the Ministry of Health to design, implement, coordinate, monitor and evaluate reproductive health programmes in Djibouti City and in the four other districts of the country. Within the context of the country's specific needs, UNFPA would place emphasis on establishing family planning information and services, but at the same time would promote and support the integration of other components of reproductive health services. At the end of the programme it would be expected that family planning services would have been integrated into 75 per cent of primary health care services run by the Ministries of Public Health, Labour and Defense, and into all maternity clinics. In light of the high level of maternal mortality due to shortcomings at the primary health care level in addressing pregnancy-related complications, UNFPA

would support specific interventions to expand basic maternal care and strengthen referral to the secondary and tertiary levels. The reproductive health needs of refugees would be addressed through the integration of reproductive health services into the primary health services provided by the Asian Association of Medical Doctors, in collaboration with UNHCR and the Japanese Government, in the Ali Adde refugee camp.

18. UNFPA assistance would contribute to quality of care, and by the end of the programme all health care personnel working in upgraded facilities will have received training in integrated reproductive health care, including interpersonal communication skills. UNFPA assistance would focus on the development of appropriate IEC strategies to generate understanding of the benefits of family planning methods and encourage demand for quality reproductive health services. In addition, it would help develop responsible attitudes in youth towards sexuality and parenthood, motivate women to end the practice of female genital mutilation and motivate men to share in reproductive decision-making and take responsibility in reproductive health.

19. Population and development strategies. The major strategic goals of the Government are to formulate a population policy and to integrate demographic and population variables in all of its development planning. However, given the dearth of socio-economic and demographic data, the first priority for the Government, and for UNFPA assistance, is to establish a reliable national data system. On an exceptional basis, 40 per cent of UNFPA's regular resources would be devoted to this critical planning area. The assistance, therefore, would focus specifically on supporting the Central Census Bureau in conducting the 1998 population and housing census. A master sample frame for use in subsequent surveys could then be developed, which would be the first step in developing a database and indicators to formulate and monitor population and development policies and programmes.

20. By the end of the programme, it is expected that the Census Bureau will possess the institutional and technical capabilities to plan and design a census, to process data, and to evaluate, analyse, disseminate and utilize results. The data from the census will have been collected, tabulated and analysed by gender to provide the basis for the formulation and monitoring of specific policies related to women's needs.

21. Advocacy. UNFPA would work with the government population programme to create awareness and commitment at all levels of society -- policy makers, senior planners, religious leaders, primary and secondary school students, and community groups -- on the importance of population and development, reproductive health, and gender issues. This would be achieved through the organization of workshops, seminars and study tours, and short-duration courses. Support would be given to special advocacy activities aiming to eliminate female genital mutilation and to promote girls education and women's literacy -- including legal understanding of laws that protect them. By the end of the programme it is expected that these efforts would help to create a broad national commitment to population and development issues.

Programme implementation and monitoring

22. The proposed programme would be implemented by the concerned national institutions, who would be assisted in the execution of activities by United Nations system agencies and/or technical assistance from the Country Support Team in Amman, Jordan. Reproductive health activities would be implemented by the Ministry of Public Health and Social Affairs, the Ministries of Labour and Defense, as well as national NGOs. The Ministry of Education would work to integrate population education into the primary and secondary school curricula. The Central Census Bureau in the Ministry of Interior and Decentralization would carry out the population and housing census. Advocacy activities would be implemented by the Ministries of Justice and national NGOs.

23. The implementing agencies would be responsible for the internal monitoring of their respective programme activities. To assess overall programme progress, a mid-term review would be conducted at the end of 1998. In addition, programme performance indicators would be developed based on data collected during the census and the regionally-supported PAPCHILD survey. UNFPA would strengthen programme management, monitoring and evaluation through recruitment of programme project staff and consultants and training of national project staff.

24. Programme coordination. The Ministry of Foreign Affairs and International Cooperation is responsible for the coordination of population and development programmes with the Ministry of Finance and National Economy. UNFPA would work closely with the various government ministries, as well as with national NGOs in programme formulation, coordination, and management. Given the need for external resources, particularly for undertaking the 1998 census, UNFPA would work with the Government in mobilizing outside resources.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme for the Government of Djibouti as presented, in the amount of $3 million over the period 1997- 2000, of which $2 million would be programmed from UNFPA's regular resources, subject to their availability. The balance of $1 million would be sought from either multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.